

**DIRECTORY OF  
DEPARTMENT OF HEALTH  
GRANT PROGRAMS  
FOR THE  
2013 - 2014 FISCAL YEAR  
  
FEBRUARY 2013**

**Prepared by:  
Office of Financial Services**

**Chris Christie  
Governor**

**Mary E. O'Dowd, M.P.H.  
Commissioner**



**State of New Jersey**  
**DEPARTMENT OF HEALTH**

PO BOX 360  
TRENTON, N.J. 08625-0360

**[www.nj.gov/health](http://www.nj.gov/health)**

CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

MARY E. O'DOWD, M.P.H.  
*Commissioner*

February 2013

TO ALL INTERESTED PARTIES:

The Department of Health and Senior Services is pleased to provide the enclosed Directory of Grant Programs for the State Fiscal Year 2014. This directory provides a comprehensive listing of grant funds available from the Department. If additional grant funds become available during the year, notice of these funds will be posted on the Department's internet web site as an addendum to this Directory and can be found at <http://www.state.nj.us/health/grants/directory.shtml>.

The Department of Health and Senior Services awards grants from State appropriations, federal awards, and other funding sources. Since the award and appropriations of these funds do not always conform to the State Fiscal Year, the information included in this directory is based on the anticipated grant programs that will become available during the period July 1, 2013 through June 30, 2014.

The directory is divided into separate programs, which provide specific services through grant awards. Many programs are funded jointly by State, federal and other funds. The information identified in the directory is without reference to the source of funding.

There are certain funds awarded within the grant category that have been excluded from this directory. They represent formula grants which, by law, are distributed to specific agencies (i.e., counties and municipalities); special legislation to provide funding to a specific agency; and disbursement of funds by other than grants awards. Please contact the Grants Management and Review Program at 609-633-7809 to provide additional information on these programs or by fax at 609-633-1705.

To receive additional copies of this directory, please contact the Grants Management and Review Program. Copies can be downloaded from Department's web site at [www.state.nj.us/health](http://www.state.nj.us/health).

Sincerely,

Mary E. O'Dowd, M.P.H.  
Commissioner

Enclosure

***This publication may be viewed and printed through the Internet:***

<http://www.state.nj.us/health/grants/index.shtml>

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Behavioral Surveillance

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.:** 14-18-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high-risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant amount to \$160,000. Award begins on July 1, 2013 through June 30, 2014 and will be made for a 12-month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Grant is contingent upon receipt of state funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood social venues. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include delineated goals and objectives and tentative budget.

Contact Information below.

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**FOR INFORMATION CONTACT:**

Barbara Bolden, Ph.D., Epidemiologic Services  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-5940

**FAX:** (609) 633-2791

**E-MAIL:** [barbara.bolden@doh.state.nj.us](mailto:barbara.bolden@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four (4) months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two (2) months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Behavioral Surveillance

**GRANT PROGRAM NO.:** 14-19-AIDS

**STATUTORY AUTHORITY:**

PHS Act, Section 310(A), 311, 317 (K)(3)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To conduct behavioral surveillance in the Newark Metropolitan Statistical Area. Persons identified at high-risk for HIV will be surveyed to assess sexual and drug use history, testing experience and the use of prevention services. The data will help to enhance prevention planning.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Grant amount to \$250,000. Award begins on January 1, 2014 through December 31, 2014 and will be made for a 12-month budget period. Funding estimates vary and are subject to the Annual Appropriations Act. Grant is contingent upon receipt of federal and/or state funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Universities, hospitals, non-profit corporations, state agencies, local governments and community-based organizations.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Knowledge of HIV/AIDS in at risk populations. Proven ability to implement and follow epidemiologic study methodologies and CDC protocols in community-based agencies, shelters, drug treatment centers and neighborhood social venues. Appropriate professional licenses and compliance with appropriate regulations.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include delineated goals and objectives and tentative budget.

Contact Information below.

---

**FOR INFORMATION CONTACT:**

Barbara Bolden, Ph.D., Epidemiologic Services  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-5940

**FAX:** (609) 633-2791

**E-MAIL:** [barbara.bolden@doh.state.nj.us](mailto:barbara.bolden@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four (4) months prior to funding.

---

**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two (2) months prior to funding.

---



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Care and Treatment

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**GRANT PROGRAM NO.:** 14-11-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV/AIDS and their families. Specific activities include: medical and nursing care, dental, outreach, case management, housing and support services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$9,000,000 will be available in FY 2014 to begin on or about July 1, 2013 and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriations Act. Grant is contingent upon receipt of state funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

---

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include delineated goals and objectives and tentative budget. Contact information below.

---

Sindy M. Paul, MD, MPH, FACPM

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** [sindy.paul@doh.state.nj.us](mailto:sindy.paul@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application (RFA). Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Prevention Services

**GRANT PROGRAM NO.:** 14-16-AIDS

**STATUTORY AUTHORITY:**

Sec. 301 (A) 317 PHS Act as Amended (Federal)

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide people living with HIV or at increased risk of HIV-infection, with HIV prevention services, including information, education and referral; outreach; social networking strategies; HIV counseling and testing with referral to care and support services; social marketing; and evidence-based interventions delivered to individuals and/or groups. Priority populations include people living with HIV/AIDS; men who have sex with men (MSM); injecting drug users; and women and adolescents at high of acquiring HIV infection and their sexual partners.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$10,000,000 should be available in State Fiscal Year 2014 to fund 17 to 28 awards. Grants range from approximately \$30,000 to \$600,000. Awards will begin on or about January 1, 2014, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant, but at a minimum, must have prior experience of at least three years in the successful, documented delivery of the HIV prevention services for which the applicant applies.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include delineated goals and objectives and tentative budget. Contact Information below.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, MS, Director, Prevention Unit  
New Jersey Department of Health  
Division of HIV/AIDS Services  
P.O. Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four (4) months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two (2) months prior to funding.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

HIV Prevention Services

**GRANT PROGRAM NO.:** 14-15-AIDS

**STATUTORY AUTHORITY:**

New Jersey Statute 26:5 C-1 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide people living with HIV or at increased risk of HIV-infection, with HIV prevention services, including information, education and referral; outreach; social networking strategies; HIV counseling and testing with referral to care and support services; social marketing; and evidence-based interventions delivered to individuals and/or groups. Priority populations include people living with HIV/AIDS; men who have sex with men (MSM); injecting drug users; and women and adolescents at high risk of acquiring HIV infection and their sexual partners.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$8,000,000 is available in SFY2014 to fund ten to fifteen awards. Grants range from approximately \$50,000 to \$600,000. Awards will begin on or about July 1, 2013, and will be made for a 12-month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards within an approved budget period will be made based on satisfactory progress and availability of funds. Applicants currently receiving grants for this activity and which have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Varies by grant, but at a minimum, must have prior experience of at least three years in the successful, documented delivery of the HIV prevention services for which the applicant applies.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include e delineated goals and objectives and tentative budget.

Contact Information below.

---

**FOR INFORMATION CONTACT:**

Steven Saunders, MS, Director, Prevention Unit

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6050

**FAX:** (609) 292-6009

**E-MAIL:** [errol.saunders@doh.state.nj.us](mailto:errol.saunders@doh.state.nj.us)

---

**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant; usually four (4) months prior to funding.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Varies by grant; usually two (2) months prior to funding.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Part B

**STATUTORY AUTHORITY:**

Public Health Service Act  
Public Law 101-380

**GRANT PROGRAM NO.:** 14-20-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families through the funding of HIV-related health care and support service programs to marginalized populations. Services eligible to be funded include outpatient ambulatory/medical care, medical case management, mental health, oral health, outpatient substance abuse treatment, medical nutrition therapy, housing, legal, medical transportation, psychosocial support, treatment adherence, residential substance abuse treatment, outreach and Minority AIDS Initiative.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$8,558,983 will be available in FY 2014 to begin on or about April 1, 2014 and will be made for a 12-month budget period. Funds are contingent upon a Federal appropriation for the Ryan White Treatment Modernization Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Grant is contingent upon receipt of federal and/or state funding

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. The past two years of experience providing services to those infected with HIV/AIDS. Appropriate professional licenses and compliance with appropriate regulations.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Submission of a concept paper may or may not be required. If required, the concept paper must include delineated goals and objectives and tentative budget. Contact information below.

---

**FOR INFORMATION CONTACT:**

Sindy M. Paul, MD, MPH, FACPM  
Division of HIV, STD and TB Services  
P.O. Box 363  
Trenton, New Jersey 08625-0363

**TELEPHONE:** (609) 984-6191

**FAX:** (609) 633-2494

**E-MAIL:** [sindy.paul@doh.state.nj.us](mailto:sindy.paul@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Deadline will be posted in the Department's System for Administering Grant Electronically (SAGE).

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately one month prior to the project period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Sexually Transmitted Disease

**STATUTORY AUTHORITY:**

State Appropriation Act (P. L. 1994, C 67)

**GRANT PROGRAM NO.** 14-36-STD

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To augment existing Sexually Transmitted Disease services, such as improved diagnostic functions and to perform intervention, outreach, educational and prevention activities.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$700,000 should be available in State Fiscal Year 2014 to fund several awards. Awards will be made for a twelve-month period beginning July 1, 2013 or January 1, 2014. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and have performed satisfactorily will be given priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Applicants are accepted from local health departments, hospital-based clinics, CBO's and Health Centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The agency must have the ability to provide individual services to a minimum of 100 clients per month.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

---

**FOR INFORMATION CONTACT:**

Program Manager, STD Program  
New Jersey Department of Health  
Communicable Disease Service, Post Office Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4869

**FAX:** 609-826-4870

**E-MAIL:** Patricia.Mason@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies. Information will be included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

TB Prevention and Control  
Case Management Assistance

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301(A)

**GRANT PROGRAM NO.** 14-28-TB

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

---

**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide assistance with basic needs (housing, food, utilities, clothing, etc.) for TB cases and suspects statewide to remove significant barriers to care and improve performance against stated objectives related to completion of treatment in difficult to manage patient populations.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000 will be available for the CY2014 health service grant.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit, non-governmental organizations with proven experience in the management of patient incentive programs.

---

**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The willingness and ability to establish and maintain a network of housing providers and provide other assistance as needed to a diverse and under-privileged patient population throughout New Jersey. Maintain effective accounting and control of a complex incentive program.

---

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

---

**FOR INFORMATION CONTACT:**

Program Manager, TB Program  
New Jersey Department of Health  
Communicable Disease Service, Post Office Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4878

**FAX:** 609-826-4879

**E-MAIL:** Thomas.Privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications should be submitted by October 15, 2013 for funding beginning January 1, 2014 for a 12 month period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

If the application is received as indicated above, applicant will be notified of award by December 1, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

TB Prevention and Control  
Regional TB Specialty Clinic Services

**STATUTORY AUTHORITY:**

Public Health Services Act, Section 301(A)  
State Appropriations Act, Section 317

**GRANT PROGRAM NO.** 14-37-TB

**TYPE OF AWARDS TO BE ISSUED:**

Cost Reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide clinical care, treatment, nurse case management and/or outreach services to TB cases and suspects, their associated contacts and Class B1/B2 immigrants and refugees for a defined group of local health jurisdictions.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 will be available for the SFY2014 - CY2014 TB health service grants.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

County and/or municipal health departments, hospitals, private medical providers and private health care agencies providing clinical, diagnostic, laboratory monitoring, treatment, nurse case management and/or outreach services under the auspices of a New Jersey Department of Health's Regional TB Specialty Clinic site.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The service area of each Regional TB Specialty Clinic seeking funding must, during the three previous calendar years, either be (1) a county with an average of 45 verified TB cases or (2) serve a multi-county area with an average of 45 or more verified TB cases.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, TB Program  
New Jersey Department of Health  
Division of HIV, STD & TB Services Post Office Box 363  
Trenton, NJ 08625-0363

**TELEPHONE:** (609) 826-4878

**FAX:** 609-826-4879

**E-MAIL:** Thomas.Privett@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies, grant periods are 12 months and will begin July 1, 2013 or January 1, 2014. Applications are due 75 days prior to the beginning of the funding period.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

If applications are received as indicated above, applicants will generally be advised of funding status 30 days before the funding period begins.

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FS-12

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Enhanced Implementation NJ Comp Cancer Control Plan  
Coordinated Cancer & Chronic Disease Activities

**GRANT PROGRAM NO.** 14-84-CCC

**STATUTORY AUTHORITY:**

SFY 2014 Appropriations Act P.L. 2004, C.71

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this Request for Applications (RFA) is to implement evidence/practice based cancer prevention and control programs to reduce morbidity, mortality, and related health disparities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1,200,000 in awards may be available in state appropriations for FY 2014 for a twelve month period beginning July 1, 2013 and ending June 30, 2014. Please be advised that the health service grant amount is based upon the availability of state appropriations and the completion of cancer programming objectives for funding years 2012-2013. Terms and Conditions subject to change at any time without notice.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

NJCEED Lead Agencies, County and Local Health Departments, Hospitals, Federally Qualified Health Centers and Non-Profit Chronic Disease Organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with implementing consistent, evidence based/practice based community-clinical interventions to reduce chronic disease burden. Prepare and submit a New Jersey Department of Health grant application.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Candido A. Africa III, MD, CPM  
Acting Executive Director  
PO Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609)-292-8540

**FAX:** (609) 292-2204

**E-MAIL:** candido.africa@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

May 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

May 31, 2013

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

Tobacco Control Prevention Interventions

### STATUTORY AUTHORITY:

301A,311BC,317K2 (42USC241A,243BC247BK2)

**GRANT PROGRAM NO.** 14-9-TOB

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

Grants will be awarded to agencies to implement tobacco control evidence-based interventions designed to: decrease the acceptability of tobacco use among all populations; decrease the number of youth who start smoking; increase the number of people who start and complete treatment for tobacco dependence; increase awareness and decrease involuntary exposure to second hand smoke; reduce disparities related to tobacco use and its effects among different population groups.

---

### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Funds available for this program are contingent upon Federal appropriation. Approximately \$800,000 in Federal Center for Disease Control and Prevention (CDC) funding should be available to fund approximately five to seven organizations. It is expected that the award will begin April 1, 2013 and end March 30, 2014. Continuation of awards will be made based on satisfactory performance and availability of funds.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Not for profit agencies organizations with experience in implementing evidence-based tobacco interventions.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Demonstrated history and experience in developing, implementing and evaluating tobacco control evidence-based interventions in New Jersey, which focus on community mobilization, population-based health communication through earned media, and policy action.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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### FOR INFORMATION CONTACT:

Janis Mayer, Program Coordinator  
Division of Family Health Services, NJ DOH  
Chronic Disease: Office of Tobacco Control  
P.O. Box 373 Trenton, NJ 08625-0373

**TELEPHONE:** (609) 984-3317

**FAX:** (609) 984-3346

**E-MAIL:** [janis.mayer-obermeier@doh.state.nj.us](mailto:janis.mayer-obermeier@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

March 1, 2013

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### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

April 1, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Chronic Renal Services

**STATUTORY AUTHORITY:**

N.J.S.A.26:2-87

**GRANT PROGRAM NO. 14-59-CR****TYPE OF AWARDS TO BE ISSUED:**

Cost- reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To extend financial assistance in obtaining select medications and nutritional supplements to eligible persons on chronic renal dialysis

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$480,000 should be available in SFY2014 to fund one award. It is expected that the Fiscal Year 2014 award will begin on or about July 1, 2013 and end June 30, 2014. Funding estimates may vary and are subject to the Annual State Appropriations Act.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organization which has experience in providing financial assistance for qualified dialysis patients needing select medications and nutritional supplements to licensed New Jersey Renal Dialysis Centers. Continuation awards will be made based on satisfactory performance and availability of funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Ability to administer a web based system of reimbursement.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O.Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840

**FAX:** (609) 292-9288

**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Diabetes Prevention and Control Program

**STATUTORY AUTHORITY:**

301A, 311BC, 317K2 (42USC241A, 243BC247BK2)

**GRANT PROGRAM NO.** 14-60-DCP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To implement diabetes evidence-based interventions aim to reduce the impact of diabetes in NJ by: increasing awareness of diabetes and its complications; improving the quality of diabetes care and access to care; developing partnerships and increasing community involvement to address diabetes issues; utilizing data to better apply resources and improve health outcomes.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Depending on availability of federal funds, approximately \$100,000 should be available to fund one award. The award will be for the Fiscal Year 2014 (July 1, 2013 through June 30, 2014).

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit status. Continuation awards will be made based on satisfactory performance and availability of funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Organization must have a previous track record in the delivery of evidence-based diabetes interventions.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

LorieAnn Wilkerson-Leconte, Program Coordinator  
Chronic Disease Prevention & Control  
Division of Family Health Services-NJDOH  
P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** 609-984-6137

**FAX:** (609) 292-9288

**E-MAIL:**lorieann.wilkerson-leconte@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Huntington's Disease Services Program

**STATUTORY AUTHORITY:**

N.J.S.A. 26:5B-1

**GRANT PROGRAM NO.** 14-63-HS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To contract with a medical school to provide pre-symptomatic testing for Huntington's Disease, neurology and psychiatry services, neuropsychological evaluations, treatment and management for Huntington's Disease victims and their families, and the provision of outreach & educational services to professionals and family members.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of State funds to the department. Approximately \$310,000 could be available for in the Fiscal Year 2014 (July 1, 2013 to June 30, 2014) for one grant award.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools with documented experience in counseling clients with Huntington's Disease and their families. Continuation awards will be made based on satisfactory performance and availability of funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Documented experience in counseling clients with Huntington's Disease and their families, and previous working relationship with the NJ Chapter of the Huntington's Disease Society of America.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Contact the person identified below to determine whether the funds have been awarded and to receive further information.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O. Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840

**FAX:** (609) 292-9288

**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

NJ Cancer Education & Early Detection Program  
(NJCEED) Program

**STATUTORY AUTHORITY:**

Breast & Cervical Cancer Mortality Prevention Act  
of 1990 & the NBCCEDP Reauthorization Act of 2007

**GRANT PROGRAM NO.** 14-47-CED

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Funds will be used to provide comprehensive cancer screening services to low-income women and men who are uninsured/underinsured. Centers for Disease Control and Prevention (CDC) funding is to be used to provide program-eligible women with age-appropriate breast and cervical cancer screening and diagnostic services; State appropriated funds are to be used to provide age-appropriate prostate, colorectal, breast, and cervical cancer screening and diagnostic services to program eligible women and men.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$2.0 million in federal CDC funding and approximately \$5.6 million in state funds should be available in Fiscal Year 2014 (July 1, 2013-June 30, 2014) to fund at least twenty-one awards. Funding estimates may vary and are subject to the actual amount of funds received.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Agencies must have 501(c)(3) status and must have experience delivering direct health care services to the target population. Eligible agencies may include: health departments, hospitals, visiting nurse associations, FQHCs, family planning agencies, etc.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Due to the nature of the services to be provided, applicants must have experience in the provision of medical services to the target population and have access to specialized staff (clinical providers, health educators, case managers/patient navigators, etc.) to conduct grant activities; applicants must also have the ability to assure facilitation into treatment, if breast, cervical, prostate and/or colorectal cancer is diagnosed.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Interested organizations MUST submit a letter of intent to apply for funding to the contact below by February 1, 2013; failure to submit a letter of intent by the deadline may disqualify an agency from submitting an application for funding.

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**FOR INFORMATION CONTACT:**

Marge Rojewski, Program Coordinator  
New Jersey Department of Health  
NJCEED Program  
50 East State Street, PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-292-8540

**FAX:** 609-292-3580

**E-MAIL:** Margaret.Rojewski@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 30, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification to occur approximately 4 weeks after completed applications are reviewed by department staff.

## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NJ Heart Disease and Stroke Prevention Program

### STATUTORY AUTHORITY:

42 USC241 42 CFR 52

**GRANT PROGRAM NO.** 14-56-HSP

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To improve the capacity of state level public health department to reduce the burden of heart disease and stroke (HD&S), impact the quality of care for HD&S through different health systems, and collaborate with various internal and external partners to accomplish system level change.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Contingent on availability of funds, the total amount of funding available will be approximately between \$80,000 to \$100,000 to fund one award (based on program planning and evaluation). This award will be for the Fiscal Year 2014 (July 1, 2013 through June 30, 2014). Applicants currently being funded by the DHSS for any of the above activities and that have performed satisfactory, will be given additional consideration for continued funding.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Non-for profit and state agencies with previous track record in the delivery of HD&S evidence-based interventions.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Agency must have a previous track record in the identification of high risk individuals within a health system and implementing programming to increase control of high blood pressure and high blood cholesterol primarily among adults.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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### FOR INFORMATION CONTACT:

LorieAnn Wilkerson-Leconte, Program Coordinator  
Chronic Disease & Prevention, DFHS, NJ DOH  
50 East State St. PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-8540

**FAX:** (609) 292-9288

**E-MAIL:** [lorieann.wilkerson-](mailto:lorieann.wilkerson-leconte@doh.state.nj.us)

[leconte@doh.state.nj.us](mailto:leconte@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

April 1, 2013

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### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

June 30, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pediatric Adult Asthma Coalition Program

**STATUTORY AUTHORITY:**

Public Health Services Act, Sections 301(A)311,317  
-C-PHSACTi42 USC 241,243,247B

**GRANT PROGRAM NO.** 14-79-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To improve the health of people living and/or working in New Jersey by effective prevention efforts and identification and management of asthma, through a coordinated partnership (coalition) among public and private organizations. To establish and update a plan for control of asthma in New Jersey and implement and/or facilitate implementation of the State Asthma Strategic Plan.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon Federal appropriations. Approximately \$100,000 in Federal Centers for Disease Control and Prevention (CDC) funding should be available to fund one award. It is expected that the award will begin on or about September 1, 2013 and end August 31, 2014.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

American Lung Association of Mid-Atlantic or any non-profit community based organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit community based agency that has the capability of administering State funds and that has experience in planning, development, and implementing asthma control activities on a statewide basis; conducting and supporting a pediatric/adult asthma coalition (PACNJ) with a broad base of support including professional and consumer representation; and conducting asthma education, communications, and media campaigns.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

The PACNJ grant has been awarded for a 5 year project period. FY2013-2014 is year 5 year of the CDC project period. This is a non-competitive grant awarded for project period 9/1/09-8/31/14 to the grantee described herein.

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**FOR INFORMATION CONTACT:**

Lisa Jones, Coordinator  
New Jersey Asthma Program  
50 East State St., PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-6137

**FAX:** (609) 292-9288

**E-MAIL:** [lisa.jones@doh.state.nj.us](mailto:lisa.jones@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

June 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

August 15, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Pharmaceutical Services for Adults with Cystic Fibrosis

**STATUTORY AUTHORITY:**

N.J.S.A 26:20-1 et seq.

**GRANT PROGRAM NO.** 14-67-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide grant funds to a non-profit agency to assist adults with Cystic Fibrosis to purchase supplemental nutritious food, prescription drugs and medical supplies/equipment. It is expected that between 60-100 persons will receive assistance under this program. A minimum of eighty percent (80%) of the funds will be used to provide direct client benefits. A maximum of twenty percent (20%) may be used for administrative costs.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. Approximately \$370,000 should be available in the Fiscal Year 2014 (July 1, 2013 to June 30, 2014) for one grant award. Continuation awards will be made based on satisfactory performance and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Organizations with experience in providing financial assistance and direct services to persons with Cystic Fibrosis and who have the capability of administering State funds.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status. Applicants must demonstrate the capability of administering State funds and experience in providing financial assistance and direct services to persons with Cystic Fibrosis.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Laura Hernandez-Paine, Program Manager, CDPC  
Division of Family Health Services  
P.O.Box 364, 50 East State St.  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-0840

**FAX:** (609) 292-9288

**E-MAIL:** [laura.hernandez-paine@doh.state.nj.us](mailto:laura.hernandez-paine@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 30, 2013

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH  
INDIVIDUAL RESEARCH GRANT

**GRANT PROGRAM NO.** 14-BIR-1

**STATUTORY AUTHORITY:**

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The NJCBIR will fund Individual Research Grants with an emphasis on the objectives and priorities stated within the NJCBIR Guidelines. Applicants are encouraged to apply for a one-year, two-year or three-year award. Maximum funding is up to \$150,000 per year for direct costs and 20% applicable indirect costs. Each funding award within the two/three-year period will be contingent upon the submission and successful review of a comprehensive Progress Report. All Progress Reports must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCBIR for continued funding. Senior scientists and young investigators may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Awards will begin on or about May 30, 2014. The NJCBIR reserves the right to distribute funds among the grants in this program 14-BIR1 as well as among the NJCBIR's other grant programs 14-BIR2, 14-BIR3, 14-BIR4. The NJCBIR reserves the right not to fund any grant in this program 14-BIR1 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (14-BIR1, 14-BIR2, 14-BIR3, 14-BIR4)

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2012.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465  
**FAX:** 609-943-4213  
**E-MAIL:** NJCBIR@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.  
Deadline for Applications: 5 PM on October 3, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2014

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH  
PROGRAMMATIC MULTI-INVESTIGATOR GRANT

**GRANT PROGRAM NO.** 14-BIR-2

### STATUTORY AUTHORITY:

NJCIBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

### TYPE OF AWARDS TO BE ISSUED:

Cost Reimbursement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

The NJCBIR will fund Programmatic Multi-Investigator Project Grants that support collaborative research among at least 3 investigators from different laboratories with an emphasis on traumatic brain injury. Preference will be given to proposals that demonstrate complementary approaches to addressing a research question through multidisciplinary investigations (e.g., molecular, genetic, physiologic, behavioral and pharmacologic privileges). The goal of this mechanism is to enhance in-depth mechanistic analysis and promote translational research. During proposal review, if one sub-project does not receive a favorable recommendation for funding and is not considered necessary for effective implementation of the entire program, the remaining sub-projects, which must be a minimum of 3, may be considered for approval independent of the failed sub-project. Furthermore, if a Multi-Investigator Project grant does not receive an overall favorable recommendation, individual sub-project Principal Investigator(s) that were favorably reviewed may be asked to submit a revised Budget and Specific Aims for their project one time only within 30 days. The revised project(s) will then be considered for approval as an Individual Research Grant by the Independent Scientific Merit Review Panel.

Collaborations are encouraged among independent laboratories within the same institution, or among laboratories from different institutions. Applicants are encouraged to apply for a one-year, two-year or three-year award. Maximum funding is up to \$600,000 per year for direct costs and 20% applicable indirect costs. Awards will begin on or about May 30, 2014. The NJCBIR reserves the right to distribute funds among the grants in the 14-BIR2 program, as well as among the NJCBIR's other grant programs: 14-BIR1, 14-BIR3, 14-BIR4. The NJCBIR reserves the right not to fund any grant in the 14-BIR2 program to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (14-BIR1, 14-BIR2, 14-BIR3, 14-BIR4).

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution. The principal investigator must

be located within a qualifying institution in the State of New Jersey. Proposals must identify a principal investigator within each research site as well as an overall Principal Investigator (Program Director) who is responsible for ensuring collaboration among all investigators. Additionally, the Program Director will write the Overall Program Rationale section that justifies the need for a multi-investigator project. There must be compelling reasons for applying as a program, not simply reflecting matters of geography, relatedness or use of common equipment.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465  
**FAX:** 609-943-4213  
**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.  
Deadline for Applications: 5 PM on October 3, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2014

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**FS-12**  
**NOV 10**

## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH  
PILOT RESEARCH GRANT

**GRANT PROGRAM NO.** 14-BIR-4

### STATUTORY AUTHORITY:

NJCBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

### TYPE OF AWARDS TO BE ISSUED:

Cost Reimbursement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

The NJCBIR will fund Pilot Research Grants with an emphasis on encouraging (1) experienced investigators to pursue a new direction in brain injury research, or (2) new investigators who want to gather preliminary data for larger research projects.

Suitable projects include feasibility studies; secondary analysis of existing data; self contained research projects; development of research methodology; development of new research technologies; and investigation of novel scientific ideas, model systems, tools, agents, targets and technologies that have the potential to substantially advance brain cell regeneration and repair.

Applicants are encouraged to apply for a one-year or two-year award. Maximum funding is up to \$75,000 per year for direct costs and 20% applicable indirect costs. Awards will begin on or about May 30, 2014. The NJCBIR reserves the right to distribute funds among the grants in this program (14-BIR4) as well as among the NJCBIR's other grant programs: 14-BIR1, 14-BIR2, 14-BIR3. The NJCBIR reserves the right not to fund any grant in 13-BIR4 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (14-BIR1, 14-BIR2, 14-BIR3, 14-BIR4).

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465  
**FAX:** 609-943-4213  
**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.  
Deadline for Applications: 5 PM on October 3, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2014

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**FS-12**  
**NOV 10**

## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NEW JERSEY COMMISSION ON BRAIN INJURY RESEARCH  
POSTDOCTORAL AND GRADUATE STUDENT  
FELLOWSHIP

### STATUTORY AUTHORITY:

NJCIBIR P.L. 2003, C:200,  
N.J.S.A. 52:9EE-1

**GRANT PROGRAM NO.** 14-BIR-3

### TYPE OF AWARDS TO BE ISSUED:

Letter of Agreement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The goals of this program are (1) to encourage investigators to undertake research on neural protection, repair and regeneration after traumatic brain injury; (2) to encourage individuals to undertake research on the effectiveness of clinical interventions for traumatic brain injury; and (3) to enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to develop a programmatic area of research that can be supported by additional funding from the National Institutes of Health, and other funding sources.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Postdoctoral Fellowships are generous three-year salary awards that may be active up to and including the 8th postgraduate year. The beginning stipend levels are based on years of relevant research experience since obtaining the doctoral degree, starting at \$40,000 for 0 years experience, then \$42,000 for 1 year experience, etc. For each experience level, salaries for the next 2 years increase each year by \$2,000 (for example: 0 years experience; Year 1 = \$40,000, Year 2 = \$42,000, Year 3 = \$44,000). Applicants may apply by no later than their 6th year after their degree award. In addition to the stipend, there will be an annual research allowance of \$7,500 and an annual travel budget of \$1,500. Additional support includes a fringe benefit supplement at 12% of each annual stipend amount and indirect costs for the institution at 20% of each annual total amount. Institutions may supplement stipends, but not with other full-time fellowship awards, or other NJCBIR monies. A candidate may not apply for a NJCBIR Postdoctoral Fellowship and a NJCBIR Individual Research grant in the same grant cycle. If a first-year Fellow applies for and is awarded a NJCBIR Individual Research Grant, funding will be contingent upon cancellation of the second or third year of the fellowship. Non-research activities, such as teaching or clinical care, may not occupy more than 10% of the fellow's time. All Postdoctoral Fellows must submit a yearly Progress Report accompanied by a letter of support from the fellow's mentor. Second or third year fellowship funding is contingent upon the successful review of the progress report and a recommendation from the mentor. An Evaluation Form must be submitted to the NJCBIR office each year for two years following termination of the Fellowship grant.

Graduate Student Fellowships are three-year awards of \$27,500 per annum. They provide an annual stipend of \$24,000, and consistent with institution policy, an annual research allowance of \$2,000 and an annual travel budget of \$1,500. Up to \$6,000 of additional funds will be provided for tuition. No part of this award may be used for institutional overhead. Institutions may supplement stipends, but not with other full-time fellowship awards or other NJCBIR monies. Applicants may not serve as teaching assistants while holding a NJCBIR Graduate Student Fellowship. Second-year and third-year fellowship funding is contingent upon the successful review of a comprehensive progress report and a recommendation from the mentor. An Evaluation Form must be submitted to the NJCBIR office each year for two years following termination of the Fellowship grant.

Successful fellowship applicants are offered the opportunity to participate in an approved brain injury techniques course. The NJCBIR will make available up to \$4,000 for a grantee to attend a brain injury techniques course at an approved University that has the necessary experience and database on the use of standard brain injury models and devices. Grantees are responsible for making all necessary travel and course participation arrangements and payments. Reimbursements will be made to those who provide proof of course completion and expense receipts. Awards will begin on or about May 30, 2014. The NJCBIR reserves the right to distribute funds among the grants in this program (14-BIR3) as well as among the NJCBIR's other grant programs: 14-BIR1, 14-BIR2, 14-BIR4. The NJCBIR reserves the right not to fund any grant in 14-BIR3 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,500,000 will be made available for all programs (14-BIR1, 14-BIR2, 14-BIR3, 14-BIR4).

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for Fellowship grants under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Postdoctoral Fellowships - Candidates of outstanding quality must hold a Ph.D., and/or M.D., or equivalent graduate degree. Appropriate degrees must be awarded prior to activation of award. Candidates must be accepted for postdoctoral training under the supervision of an appropriate mentor at a qualifying academic research institution in New Jersey.

Graduate Student Fellowships - Applicants must be full-time graduate students in residence in a proposed course of study directly related to regeneration and repair of the damaged brain. Students must begin study in the semester following activation unless special permission is received prior to activation date. The NJCBIR prefers to support graduate student candidates who have completed the first year of graduate study and are concentrating on research projects at least 80% of their time.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCBIR Research Guidelines governing grants are available for review and submission on the website at [www.sage.nj.gov](http://www.sage.nj.gov). A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Brain Injury Research  
Department of Health  
PO Box 360  
5th Floor, Room 502  
Trenton, New Jersey 08625

**TELEPHONE:** 609-633-6465  
**FAX:** 609-943-4213  
**E-MAIL:** [NJCBIR@doh.state.nj.us](mailto:NJCBIR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

A Letter of Intent must be filed with the NJCBIR office no later than August 1, 2013.  
Deadline for Applications: 5 PM on October 3, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - April 30, 2014

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**FS-12**  
**NOV 10**



## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH

Exploratory Research Grant

**GRANT PROGRAM NO.** 14-SCR-6

### STATUTORY AUTHORITY:

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

### TYPE OF AWARDS TO BE ISSUED:

Cost Reimbursement Grant

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The purpose of the Exploratory Research Grant award is to enable independent investigators to apply their specific expertise to spinal cord research. The award is designed to provide the resources necessary to acquire preliminary data that will allow the successful applicant to obtain continued support from the NJCSCR, NIH, and/or other funding agencies. It is specifically intended to facilitate the application of innovative ideas from other areas of science to the challenges of spinal cord injury and repair.

In addition to scientific merit and relevance, consideration will be given to collaborative proposals that are inter-institutional and/or inter-state in nature. Priority will also be given to investigators outside the field who bring their expertise into spinal cord injury research. Successful applicants will have familiarized themselves with state-of-the-art knowledge necessary to put the proposed study into the appropriate spinal cord context.

In the field of spinal cord injury research, as elsewhere in the biomedical sciences, a constant infusion of new ideas, techniques, and points of view is essential to maintain its vitality, foster discovery and stimulate innovation. Inherent in the concept of innovation is the departure from current thinking or practice. Innovative projects are unlikely to be supported by substantial preliminary data, and for that and other reasons will necessarily be more speculative than conventional projects. These are high-risk, high reward projects that may lead to breakthroughs, the development of novel techniques, agents, methodologies, models or applications, or other insights that could have major impact on the field of spinal cord injury research.

The Exploratory Research Grant Program is intended to provide support for the early and conceptual stages of such investigations. Through the use of the Exploratory Research Grant Program, the NJCSCR will encourage the pursuit of novel scientific ideas, model systems, tools, agents, targets and technologies that have the potential to substantially advance spinal cord injury research and open new areas of inquiry.

Applications for Exploratory Research Grant awards should describe projects that are exploratory and novel, and are clearly distinct from projects typically supported through more traditional mechanisms. These studies should break new ground or extend previous discoveries toward new directions or applications. Appropriate justification for the proposed work can be provided through literature citations, data from other sources, or, when available, from investigator-generated data.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Two-year non-renewable awards are offered to applicants at a maximum funding level of up to \$100,000 per year including direct and indirect costs, (10% maximum for the latter). All awards are made through one-year contracts. Each funding award within the two-year period will be contingent upon the availability of funds. Second year support for all Exploratory Research Grants is contingent upon the submission and successful review of a Continuation Application. The Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office after the second and fifth years following termination of an Exploratory Research grant. Awards will begin on or about June 16, 2014. The NJCSCR reserves the right to distribute funds among the grants in this program (14-SCR6) as well as among the NJCSCR's other grant programs: 14-SCR1 and 14-SCR3. The NJCSCR reserves the right not to fund any grant in program 14-SCR6 to the maximum amount, or not to fund any grant in this program at all. Up to \$6,000,000 will be made available for all programs (14-SCR1, 14-SCR3 and 14-SCR6).

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

All qualifying institutions in the State of New Jersey may apply for an Exploratory Research grant under this program. A qualifying research institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with a demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

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**APPLICATION PROCEDURES:**

Applications and NJCSCR Research Guidelines governing grants are available for review and submission on-the website at [www.sage.nj.gov](http://www.sage.nj.gov)

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health  
5<sup>th</sup> fl Rm 502, P.O. Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** 609-292-4055  
**FAX:** 609-943-4213  
**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications - December 10, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - May 30, 2014

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**FS-12**  
**MAY 03**

## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

NEW JERSEY COMMISSION ON SPINAL CORD RESEARCH

Individual Research Grant

**GRANT PROGRAM NO.** 14-SCR-1

### STATUTORY AUTHORITY:

NJCSCR Fund Chapter 201 P.L. 1999 NJSA 52:9E-1

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grants

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

The NJCSCR will fund research activities that hold the promise of developing effective interventions and cures for paralysis and other consequences of spinal cord injury and disease. All qualifying institutions in the State of New Jersey may apply. Individual Research Grant awards will be awarded to independent investigators with a record of productivity, a demonstrated commitment to spinal cord research, and only for projects that will address significant questions that will advance knowledge in the field. The goals of this program are (1) to encourage independent investigators to undertake research on spinal cord regeneration, recovery and rehabilitation; (2) to encourage scientists who are well-established in other areas to transfer their efforts to spinal cord research; and (3) enable researchers with novel scientific and clinical ideas to test them and develop pilot data needed to seek larger awards from the National Institutes of Health, and other funding sources.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Applicants are encouraged to apply for a one - three year award. Maximum funding is up to \$200,000 per year including direct and indirect costs, (10% maximum for the latter). Successful applicants are offered the opportunity to participate in an approved spinal cord injury techniques course. The NJCSCR will make available up to \$4,000 for a grantee to attend a spinal cord injury techniques course. Grantees are responsible for making all necessary travel and course participation arrangements and payments. All awards are made through one-year contracts. Each funding award within the three-year period will be contingent upon the availability of funds. Second and third year support for all Individual Research grants is contingent upon submission of a Grant Continuation Application (SCR2). The Grant Continuation Application must be favorably reviewed by an independent scientific merit review panel and recommended to the NJCSCR for continued funding. An Evaluation Form must be submitted to the NJCSCR office each year for two years following termination of an Individual Research grant. Awards will begin on or about June 16, 2014. The NJCSCR reserves the right to distribute funds among the grants in this program (14-SCR1) as well as among the NJCSCR's other grant programs: 14-SCR3 and 14-SCR6. The NJCSCR reserves the right not to fund any grants in program 14-SCR1 to the maximum amount, or not to fund any grant in these programs at all. Up to \$6,000,000 will be made available for all programs (14-SCR1, 14-SCR3, 14-SCR6).

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

All qualifying institutions in the State of New Jersey may apply for an Exploratory Research grant under this program. A qualifying institution is defined as any academic institution, research organization, public or private institution or other entity, located in the State of New Jersey, with demonstrated capability to conduct grant funded research, and specifically approved by the vote of the Commission, but in no case can an individual be a qualifying research institution.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Principal investigators must be affiliated with a New Jersey State academic institution, research organization, public or private agency or other entity with demonstrated capability to conduct research responsibly. Senior scientists, young investigators, and postdoctoral fellows may serve as principal investigator. If the applicant is a fellow, s/he must submit a letter of support from the laboratory's senior scientist, as well as two other appropriate letters of reference. Unaffiliated individuals will not be funded. Individuals of any nationality or citizenship status may apply, provided they are employed by or affiliated with a qualified New Jersey State organization/institution.

**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applications and NJCSCR Research Guidelines governing grants are available for review and submission on-the website at [www.sage.nj.gov](http://www.sage.nj.gov)

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**FOR INFORMATION CONTACT:**

New Jersey Commission on Spinal Cord Research  
Department of Health  
5<sup>th</sup> fl Rm 502, P.O. Box 360  
Trenton, New Jersey 08625

**TELEPHONE:** 609-292-4055  
**FAX:** 609-943-4213  
**E-MAIL:** [NJCSCR@doh.state.nj.us](mailto:NJCSCR@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications - December 10, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification - May 30, 2014

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**FS-12**  
**NOV 10**

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Health Programs for Refugees

**STATUTORY AUTHORITY:**

P. L. 96-212

**GRANT PROGRAM NO.** 14-30-RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure that refugee arrivals receive a domestic health exam within 30 days of arrival to identify and treat infectious diseases of public health concern, to identify and provide referral for treatment of chronic health conditions, and to introduce arrivals into the US healthcare system. Funding also supports a health literacy program.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$200,000 may be available for State Fiscal Year 2014 to fund approximately four awards to Federally Qualified Health Centers or equivalents. Awards begin on October 1, 2013 and will fund a twelve month budget period. The funding estimate may vary and is subject to state and federal appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non profit entities with licensed medical practioners capable of third party billing to New Jersey Medicaid.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federally Qualified Health Centers or equivalents, capable of providing culturally sensitive and linguistically appropriate health services to the newly arrived refugee populations resettled in New Jersey. Entities should be strategically located in counties with the highest percentages of refugees.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-5964

**FAX:** 609-292-5821

**E-MAIL:** Anne.Fox@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Indoor Tanning Safety

**STATUTORY AUTHORITY:**

N.J.S.A.26: 2D-81

N.J.S.A.26: 2D-88

**GRANT PROGRAM NO.** 14-31-ITS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide for the cost reimbursement to Local Health Departments for each registered indoor Tanning Facility inspected annually in their jurisdiction, in order to ensure compliance with established minimum safety standards for the operation of Tanning Facilities that use ultraviolet sunlamp products, per N.J.A.C. 8:28. Funds are disbursed from the Non-ionizing Radiation Fund established by statute and implemented by NJDHSS rules.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$150,000. Funding estimates may vary based on generated revenue.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Must be a Local Health Department with Indoor Tanning Facilities in their respective jurisdictions.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Complete and submit a New Jersey Department of Health and Senior Services Grants Agreement.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Public Health Sanitation & Safety Program  
New Jersey Department of Health  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** 609-826-4941

**FAX:** 609-826-4992

**E-MAIL:** [timothy.smith@doh.state.nj.us](mailto:timothy.smith@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

To be Determined

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Usually one month prior to funding period.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Refugee Case Management Coordination

**STATUTORY AUTHORITY:**

PL 96-212

**GRANT PROGRAM NO.** 14-89-RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To ensure medical case management services for newly arriving refugees in New Jersey classified as medically fragile and requiring medical treatment and follow-up.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$60,000.00 may be available for State Fiscal Year 2014 to fund approximately one award to a Voluntary Refugee Resettlement Agency or equivalent. The award begins on or about July 1, 2013 and will fund a twelve month budget period. The funding estimate may vary and is subject to grant appropriations. Applicants currently receiving health service grant money for the activity will be given first priority to receive funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Voluntary Refugee Resettlement Agencies in New Jersey or equivalent.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Voluntary Refugee Resettlement Agencies or equivalents, strategically located in areas of the state with the highest percentages of refugees and capable of providing medical case management services state-wide to newly arriving refugees/asylees.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, Infectious and Zoonotic Disease Program  
New Jersey Department of Health  
Communicable Disease Service, PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-5964

**FAX:** (609) 826-4874

**E-MAIL:** Anne.Fox@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant, information included in formal request for application.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to the start date of the grant.

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FS-12

NOV 10

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Program to Increase Immunization Levels

**STATUTORY AUTHORITY:**

Public Health Service Act as Amended  
PHS 317, 42, USC, SEC, 247B

**GRANT PROGRAM NO.** 14-22-IMM

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To continue support to selected local and state initiatives to substantially increase immunization levels. The majority of funds are intended to be allocated for increasing vaccine service delivery and ensuring a strong follow-up component both in traditional and non-traditional medical settings in normal and epidemic times; some funds may be used for related immunization assessment, outreach, and information/education activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,000,000 may be available in Federal Fiscal Year 2014 to fund 10-15 awards. Awards will begin on January 1, 2014 and will be for a 12 month budget period. Funding estimates may vary and are subject to state and federal appropriations. Applicants currently receiving grants for these activities and who have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local governmental entities, State agencies, non-profit corporations, licensed ambulatory care facilities and hospitals, and primary care centers in New Jersey which provide services in urban settings or depressed rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with community health and pediatric preventive care issues in mostly highly urbanized areas of New Jersey. Ability to provide immunization services at a variety of sites and also in non-traditional medical settings in targeted areas of need. Must be a professionally licensed organization which can provide these services in accordance with state and federal guidelines. Demonstrated ability in working with other state and local programs operating within a geographical area and within the local health jurisdiction.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Program Manager, Vaccine Preventable Disease Program  
New Jersey Department of Health and Senior Services  
PO Box 369  
Trenton, NJ 08625-0369

**TELEPHONE:** (609) 826-4861

**FAX:** 609-826-4866

**E-MAIL:** Angela.Sorrells@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

November 30, 2013 or as directed.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start date of grant.

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FS-12  
NOV 10



## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Abstinence Education Program (AEP)

**GRANT PROGRAM NO.** 14-32-AEP

**STATUTORY AUTHORITY:**

Patient Protection and Affordable Care Act of 2010

**TYPE OF AWARDS TO BE ISSUED:**

Amends Section 510 of the SSA

Cost- reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The New Jersey Abstinence Education Program (NJ-AEP) funds will provide services to youth populations that are at high-risk for teen pregnancy, STDs/STIs, out-of-wedlock births and in the greatest need for abstinence interventions. The purpose of NJ-AEP will be to promote abstinence from sexual activity and, where appropriate, provide options that may include mentoring, counseling and/or adult supervision.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on Federal appropriations of funds to the Department. Funding is estimated to be approximately \$904,326 in SFY 2014. Grant awards will begin on or about July 1, 2013 for a 12 month budget period with a project period of up to three years. Current grantees will be given priority for continuation grants based on the availability of funds, satisfactory performance and timely reporting.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey-based public agencies or private non-profit health, social service or educational organizations or other entities with a history of working with children (10 - 13 years old) and having the capacity to conduct the project.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Public agency or private non-profit organization with capacity and ability to meet required administrative, programmatic and fiscal processes necessary to develop the infrastructure and related health education and program services for the implementation of the project.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Maternal and Child Health Services  
50 E. State Street, 6th Floor, PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** 609-292-1723

**FAX:** 609-292-9288

**E-MAIL:** Gilo.Thomas@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Continuation applications are due no later than April 30, 2013 for grants starting July 1, 2013.  
A Competitive Request for Application (RFA) is not anticipated for SFY 2014.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Adolescent Health

**GRANT PROGRAM NO.** 14-42-CHS

**STATUTORY AUTHORITY:**

Maternal and Child Health Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost- reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support school and community partnerships to improve the health (physical, emotional, and social), safety and well-being of middle- and high-school students through the implementation of the Centers for Disease Control and Prevention's (CDC) eight component model of Coordinated School Health (CSH): [www.cdc.gov/healthyyouth](http://www.cdc.gov/healthyyouth). The CDC model uses a school health team, a self-assessment process, and an action plan to identify gaps, develop needed programs and/or services to prevent, identify and treat health conditions or injuries.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for these grants is contingent on federal block grant allocations to the Adolescent Health Program. Funding is estimated to be approx. \$1,050,000 in SFY 2014. Grant awards will begin on or about 7/1/13 for a 12 month budget period with a project period of up to five years. Current grantees for this activity will be given priority for continuation grants based on the availability of funds, satisfactory performance and timely reporting.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey-based public agencies or private non-profit health, social service or educational organizations or other entities with a history of working with schools and having the capacity to conduct the project.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Public agency or private non profit organization with capacity and ability to meet required administrative, programmatic and fiscal processes necessary to develop the infrastructure and related health education and program services for the implementation of CDC's Coordinated School Health model.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Maternal and Child Health Services  
50 E. State Street, 6th Floor, PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** 609-292-1723

**FAX:** 609-292-9288

**E-MAIL:** [Cynthia.Collins@doh.state.nj.us](mailto:Cynthia.Collins@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Continuation applications are due no later than April 30, 2013 for grants starting July 1, 2013. A competitive Request for Application (RFA) is not anticipated for SFY 2014.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Child Health

**STATUTORY AUTHORITY:**

Social Security Act Title V and N.J.S.A. 26:2-132

**GRANT PROGRAM NO.** 14-43-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

1) Prevent and/or remediate lead poisoning in children under six years of age. 2) Support case management services for lead-burdened children that address also healthy home deficiencies. 3) Educate the general public and health, housing and social services professionals about childhood lead poisoning and the principles of healthy homes. 4) Collaborate with Medicaid, health care providers and child care providers to promote age-appropriate screening.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State/Federal Appropriations. About \$3,000,000 should be available in State Fiscal Year 2014 to support primary and secondary childhood lead poisoning initiatives that incorporate healthy homes activities. Continuation awards for the approved project period (July 1, 2013 - June 30, 2014) will be based on satisfactory progress in meeting agreed upon objectives and may affect the amount of funds available.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local/county health departments, nursing service agencies, and health care professional associations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrate ability to provide case management and environmental investigation in compliance with N.J.A.C. 8:51. Demonstrate ability to provide home visiting and case management services for children using appropriately trained staff. Demonstrate ability to collaborate with the primary care provider, resource agencies and the family to remove the child from the source of lead and relocate the family to lead safe housing. Demonstrate ability to address the broad range of housing deficiencies and hazards associated with unhealthy and unsafe homes.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Office of the Director  
New Jersey Department of Health  
Maternal and Child Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Competitive applications due to funding program in accordance with the Request for Proposals. Continuation grant applications are due by May 1, 2013 for grants starting July 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified 30 days prior to start of the grant.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Children's Oral Health Program

**STATUTORY AUTHORITY:**

Title V of the Social Security Act, N.J.S.A. 26:1A-15

**GRANT PROGRAM NO.** 14-48-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Grant program funds support the Statewide Children's Oral Health Program which provides age appropriate oral health education to school age children in grades pre-K through 12 in order to reduce the incidence of future oral disease.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on State and federal appropriations to the Department. Approximately \$450,000 may be available in SFY 2014 (July 1, 2013 - June 30, 2014) to support oral health education programs for school age children. Continuation awards within an approved project period will be based on satisfactory progress and may affect the amount of funds available for new awards.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Governmental and non-profit agencies providing oral health outreach, education and services to school-age children, including local health departments, community-based agencies, hospitals and federally qualified health centers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

The applicant should have an established history and proven capability to provide preventive oral health education programs to high need/risk children in underserved areas of the State. Applicants will be required to provide school based education programs to a specific defined regional area covering multiple counties.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Director, Children's Oral Health Program  
Maternal and Child Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 943-5749

**FAX:** (609) 292-9288

**E-MAIL:** Beverly.Kupiec@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program by February 15, 2013 for grants starting July 2013 and February 1, 2014 for grants starting July 2014. Competitive applications if applicable are due to the funding program in accordance with the Request for Proposals.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately 30 days prior to start of the grant ( June 1, 2013 for grants starting July 2013 and June 1, 2014 for grants starting July 1, 2014.)

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FS-12  
NOV 10

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Family Planning

**STATUTORY AUTHORITY:**

Title X X of the Social Security Act  
(Public Law 97-35)

**GRANT PROGRAM NO.** 14-44-FP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funds to support clinical family planning and related services throughout the 21 counties of the state with a focus to provide family planning services to low income residents of New Jersey. This includes the provision of health and related services to adolescents.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on Federal appropriations of funds to the Department. Approximately \$2.4 million should be available for grants for Calendar Year (CY) 2013.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

The New Jersey Family Planning League as the Title X agency is the applicant.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Ability to coordinate the family planning delivery system in all 21 counties.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below).
2. Based on funding availability for new projects, a formal Request for Applications will be published by the program.
3. Prepare Grant application in accordance with formal Request for Application requirements.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Maternal, Child and Community Health Services  
50 E. State Street, 6th Floor, PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-5616

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funded programs by 7/1/2013, application to be received by 9/1/2013 for 1/1/2014 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

November 30, 2013

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FS-12

NOV 10

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Fetal Alcohol Syndrome Prevention

**STATUTORY AUTHORITY:**

N.J.S.A 26:2B-32, Alcohol, Education,  
Rehabilitation and Enforcement Fund

**GRANT PROGRAM NO.** 14-46-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Development of regional projects which prevent alcohol and other drug use pre-pregnancy, during pregnancy and post-partum. This will be done through training of perinatal professionals and general public education, substance abuse risk screenings in prenatal settings, intervention counseling of pregnant women and referral to addiction treatment programs. To increase the number of pregnant and preconceptional women screened for risk of substance use and abuse. Development of local component to target specific communities for prevention activities.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of State and Federal funds to the department. Approximately \$900,000 will be available to fund coordination of risk reduction services and targeted initiatives.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Licensed Maternal and Child Health Consortia; perinatal centers, ambulatory care facilities, health departments.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be able to comply with Program specifications. Must demonstrate ability to provide coordination as specified by the Reproductive and Perinatal Health Services Program.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below)
2. Submit Letter of Intent to program
3. Prepare grant application

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1, 2013 for July 2013 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

May 30, 2013

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FS-12  
NOV 10

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Nutrition, Physical Activity, Obesity  
**STATUTORY AUTHORITY:**  
N.J.S.A. 26:1A:15

**GRANT PROGRAM NO.** 14-38-CHS  
**TYPE OF AWARDS TO BE ISSUED:**  
Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Support initiatives to improve healthful eating, increase physical activity and other health and wellness activities that impact the prevalence of obesity.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent upon State and Federal Appropriations. Approximately \$750,000 will be available for State Fiscal Year 2014 to support obesity prevention efforts. Continuation awards are based on satisfactory performance in meeting objectives, and preference is given to grantees that are performing satisfactorily.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants;
  2. General and specific Grant Compliance requirements issued by the Granting Agency;
  3. Applicable Federal Cost Principles relating to the Applicant.
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public agencies including county health departments, hospitals, higher education institutions/affiliates, schools, public and private non-profit agencies and other community based service providers.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Capacity and ability to meet programmatic and fiscal requirements necessary to carry out activities, programs and initiatives to address stated needs.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

NJ Department of Health  
Office of Nutrition & Fitness  
PO Box 364, 50 East State Street  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-292-2209

**FAX:** 609-292-9599

**E-MAIL:** [shapingnj.onf@doh.state.nj.us](mailto:shapingnj.onf@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Continuation grant applications are due April 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grantee will be notified by June 1, 2013.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Outreach and Education

**STATUTORY AUTHORITY:**

Health Care Subsidy Fund, est. pursuant to  
(PL 1992, c.160 c. 26:2H-18.58

**GRANT PROGRAM NO.** 14-49-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To inform the community through outreach services and educational programs about the issue of Infant Mortality.  
To improve and provide quality access to prenatal care, preconception and interconception care.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3 million should be available to New Jersey based public agencies or private non-profit organizations, as evidenced by a 501 (c) (3) status tax determination letter or other proof of non-profit status; including Healthy Start of East Orange, Orange and Montclair and Sudden Infant Death Syndrome Resource Center. Funding is contingent on appropriation to the Department. Grant awards will range from \$200,000 to \$500,000.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Hospitals, local health departments, ambulatory care facilities, Maternal Child Health Consortia and other facilities that provide dedicated maternal and child health services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be able to demonstrate need for and ability to provide acceptable services to the target population, as determined by the Reproductive and Perinatal Health Services Program. For SIDS: Must be a State medical school and be able to demonstrate the ability to identify, treat and track infants who are potential victims or victims of SIDS and SIDS families, offer diagnostic procedures, medical treatment, counseling, referral and community and professional education regarding SIDS, maintain the SIDS database, serve as an advisory group on SIDS.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact Office of Director (see below), 2. Submit Letter of Intent to program, 3. Prepare grant application

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Office of the Director  
Maternal, Child and Community Health Services  
50 East State Street, P.O. Box 364  
Trenton, NJ 08625

**TELEPHONE:** (609) 984-1384

**FAX:** (609) 292-9288

**E-MAIL:** [Lakota.Kruse@doh.state.nj.us](mailto:Lakota.Kruse@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Letter of Intent due to funding program February 1, 2013 for July 2013 grants.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

May 30, 2013

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FS-12  
NOV 10



## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Personal Responsibility Education Program (PREP)

**GRANT PROGRAM NO.** 14-52-PRP

**STATUTORY AUTHORITY:**

Patient Protection and Affordable Care Act of 2010

**TYPE OF AWARDS TO BE ISSUED:**

Amends Section 510 of the SSA

Cost- reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The Personal Responsibility Education Program (PREP) grant was funded by DHHS/ACF to provide services to youth populations that are the most high-risk for pregnancies. NJ PREP funds will be used to replicate evidence-based program models which educate adolescents on both abstinence and contraception to prevent pregnancy and sexually transmitted infections (STIs), including HIV/AIDS, and at least three adulthood preparation subjects.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on Federal appropriations of funds to the Department. Funding is estimated to be approximately \$1,422,052 in SFY 2014. Grant awards will begin on or about 10/1/2013 for a 12 month budget period with a project period of up to four years. Current grantees for this activity will be given priority for continuation grants based on the availability of funds, satisfactory performance and timely reporting.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey-based public agencies or private non-profit health, social service or educational organizations or other entities with a history of working with adolescents (10-19 years old) and having the capacity to conduct the project.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Public agency or private non-profit organization with capacity and ability to meet required administrative, programmatic and fiscal processes necessary to develop the infrastructure and related health education and program services for the implementation of the project.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Maternal and Child Health Services  
50 E. State Street, 6th Floor, PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** 609-292-1723

**FAX:** 609-292-9288

**E-MAIL:** Gilo.Thomas@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Continuation applications are due no later than August 31, 2013 for grants starting Oct 1, 2013.  
A Competitive Request for Application (RFA) is not anticipated for SFY 2014.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified approximately 30 days prior to start of the grant.

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Tourette Syndrome

**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-1S

**GRANT PROGRAM NO.** 14-76-FS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To operate an effective tourette patient and child care, support and education program throughout New Jersey.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on the appropriation of funds to the department. Approximately \$400,000 is expected to be available for one grant from this program.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Non-profit organizations that have 501 c 3 status and are registered as a charitable organization with the NJ Division of Consumer Affairs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must have a history and/or the ability to 1) support families dealing with Tourette Syndrome, 2) advocate for individuals with Tourette Syndrome, 3) educate the public, educators and medical professionals about Tourette Syndrome 4) train doctoral students, 4) maintain a genetic record for tourette syndrome reseach.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

William Jaeger  
Department of Health  
Financial Services  
PO 360  
Trenton, NJ 08625-0360

**TELEPHONE:** 609 633-6067

**FAX:** 609 633-1705

**E-MAIL:** [william.jaeger@doh.state.nj.us](mailto:william.jaeger@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

May 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

June 17, 2013

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## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Community Health Disparity Prevention Program

**GRANT PROGRAM NO.** 14-70-78-OMH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

**STATUTORY AUTHORITY:**

P.L. 1991, C. 401, s.8

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To reduce health disparities in the minority racial/ethnic communities and promote health equity. To implement prevention programs that include educational, awareness/prevention, self- management, and outreach activities for the targeted at-risk racial/ethnic minority populations, e.g. Black-African American, Hispanic, Asian, American Indian/ Alaskan Native, Native Hawaiian/ Pacific Islander.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$800,000 will support grants. The average award of \$25,000- \$36,000 for a one year budget period will apply to Fiscal Year 2014 (July 1, 2013 to June 30, 2014).

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Federally qualified health centers (FQHC), local health departments and/or minority serving community/ faith- based organizations may apply.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status [501 (c)3], incorporated as NJ Charitable organization and DUNS number (The **Data Universal Numbering System**, abbreviated as **DUNS** or **D-U-N-S**, is a system developed and regulated by [Dun & Bradstreet](#) (D&B), that assigns a unique numeric identifier, referred to as a "DUNS number" to a single business entity) . Applicants may be required to staff programs with a certified health educator, health educator, nurse, evaluator, etc. per the staffing specificity outlined for the prevention programs.

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**APPLICATION PROCEDURES:**

Request for Application information will be mailed to targeted agencies six to eight weeks prior to due date and grant funding will be awarded based upon availability of funds.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health- Policy and Strategic Planning

Office of Minority and Multicultural Health

M. Carolyn Daniels, DHSc

PO Box 360

Trenton, New Jersey 08625-0360

PHONE: 609-292-6962

FAX: 609-292-8713

email: carolyn.daniels@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

May, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified of funding approval by June, 2013.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Chronic Disease Self-Management Program  
(CDSMP)-“Take Control of Your Health”

**GRANT PROGRAM NO.** 14-70-78-OMH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Mini-Grants

**STATUTORY AUTHORITY:**

P.L. 1991, C. 401, s.8

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To promote, strengthen and deliver the CDSMP, community workshops designed to help people with chronic conditions (obesity, diabetes, etc.) and/or their care givers to overcome daily challenges, and maintain an active, fulfilling life for at-risk racial/ethnic minority populations, e.g. Black-African American, Hispanic, Asian, American Indian/ Alaskan Native, Native Hawaiian/ Pacific Islander.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funding estimates may vary and are subject to State appropriations. Approximately \$90,000 will support mini-grants for a one year budget period during Fiscal Year 2014 (July 1, 2013 to June 30, 2014).

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Community and/or faith-based minority serving organizations (CBO/FBOs) with the capability of administering State funds and adherence to the specifications of the CDSMP **are** eligible to apply for the mini-grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status [501 (c) 3], incorporated as NJ Charitable organization with a DUNS number (The **Data Universal Numbering System**, abbreviated as **DUNS** or **D-U-N-S**, is a system developed and regulated by [Dun & Bradstreet](#) (D&B), that assigns a unique numeric identifier, referred to as a "DUNS number" to a single business entity). Applicants are required to staff program with CDSMP Master Trainers and/or Peer Leaders as outlined in the CDSMP Scope of Services.

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**APPLICATION PROCEDURES:**

Request for Application information will be disseminated to targeted agencies four to six weeks prior to the due date.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health- Policy and Strategic Planning  
Office of Minority and Multicultural Health  
M. Carolyn Daniels, DHSc  
PO Box 360  
Trenton, New Jersey 08625-0360

PHONE: 609-292-6962

FAX: 609-292-8713

email: [carolyn.daniels@doh.state.nj.us](mailto:carolyn.daniels@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

April, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified of funding approval on or before June, 2013.

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Faithful Families Eating Smart Moving More  
(FFESMM)

**GRANT PROGRAM NO.** 14-70-78-OMH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Mini-Grants

**STATUTORY AUTHORITY:**

P.L. 1991, C. 401, s.8

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To promote and improve nutrition and increase physical activity by implementing policy and environmental change using evidence-based strategies for at-risk racial/ethnic minority populations, e.g. Black-African American, Hispanic, Asian, American Indian/ Alaskan Native, Native Hawaiian/ Pacific Islander at the community level.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funding estimates may vary and are subject to Federal appropriations. Approximately four (4) \$10,000- \$36,000 in mini-grants will be awarded to support the project.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants.
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant.

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Community and/or faith-based (CBO/FBO) minority serving organizations with the capability of administering Federal funds and adherence to project specifications **are** eligible to apply for the mini-grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Non-profit status [501 (c) 3], incorporated as NJ Charitable organization with a DUNS number (The **Data Universal Numbering System**, abbreviated as **DUNS** or **D-U-N-S**, is a system developed and regulated by [Dun & Bradstreet](#) (D&B), that assigns a unique numeric identifier, referred to as a "DUNS number" to a single business entity).

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**APPLICATION PROCEDURES:**

Request for Application information will be disseminated to targeted agencies prior to the due date.

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**FOR INFORMATION CONTACT:**

NJDOH Policy and Strategy Planning  
Office of Minority and Multicultural Health

M. Carolyn Daniels, DHSC

PO Box 360

Trenton, New Jersey 08625-0360

PHONE: 609-292-6962

FAX: 609-292-8713

email: [carolyn.daniels@doh.state.nj.us](mailto:carolyn.daniels@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

June 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicants will be notified of funding approval on or before July 2013.

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Federally Qualified Health Center Expansion

**GRANT PROGRAM NO.** 14-45-CHS

**STATUTORY AUTHORITY:**

Health Care Reform Act 1992, Chapter 160  
N.J.S.A.26:2H-18.51, et al

**TYPE OF AWARDS TO BE ISSUED:**

Letters of Agreement or Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide funding to Federally Qualified Health Centers (FQHC) supported under Sections 330 of the "Public Health Service Act", and other Centers designated as FQHC Look Alikes to enable expanded hours of operation to evenings and weekends, and to promote community-based primary health care as an alternative to hospital emergency departments and enhance quality of care delivered. For 330s Community Health Centers, funds will be used to provide reimbursement for uninsured preventive and primary care visits.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The availability of funds for this program is contingent on appropriation of funds to the Department. Approximately \$50 million should be available in State Fiscal Year 2014 to support FQHCs participating in the program through a letter of agreement from July 1, 2013 to June 30, 2014.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

FQHCs participating, through a Letter of Agreement, in the FQHC Expansion Program.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Federal designation as a 330s FQHC or federal designation as a FQHC "look alike", and current or prior participation in the program.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Office of Primary Care/Rural Health  
Division of Family Health Services  
50 East State Street, P.O.Box 364, Trenton NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** [linda.anderson@doh.state.nj.us](mailto:linda.anderson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Completed applications and/or signed agreements are due in the program office on the date specified in the RFA or Letter of Agreement.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification will be approximately 4-6 weeks after receipt of the completed Grant Application in SAGE.

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FS-12  
NOV 10

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Primary Care Cooperative Agreement

**STATUTORY AUTHORITY:**

Public Health Service Act, Section 333D,  
N.J.S.A. 26:1A-1S

**GRANT PROGRAM NO.** 14-50-CHS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-Reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To assist members of the Primary Care Association in preparation of health professional shortage area applications, conduct primary care needs assessments, which are regional specific to Primary Care Association members' needs and also target areas of interest identified by the Department of Health. To assist in recruitment and retention of National Health Service Corps providers specific to target member and Department areas of interest. Continuous award is based on satisfactory progress.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

The amount of award: Approximately \$54,000. The availability of funds for this grant, April 1, 2013 to March 31, 2014, is contingent on sufficient Federal appropriation from the Bureau of Health Professions for Community Development and National Health Service Corp Recruitment and Retention American Recovery and Reinvestment Act activities.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey Primary Care Association

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Ability to coordinate the development and expansion of primary health care delivery system capacity with members and Department areas of interest. Knowledge of Shortage Designation Branch regulations and guidance.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

---

**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Office of Primary Care/Rural Health  
Division of Family Health Services  
50 East State Street, P.O. Box 364 Trenton, NJ 08625

**TELEPHONE:** (609) 292-1495

**FAX:** (609) 292-3580

**E-MAIL:** [linda.anderson@doh.state.nj.us](mailto:linda.anderson@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by February 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by March 1, 2013 for grants starting April 1, 2013.

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FS-12  
NOV 10



## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Rural Health Program

**STATUTORY AUTHORITY:**

Public Health Services Act P.L. 101-597 SEC 338J  
N.J.S.A. 26:1A-1S

**GRANT PROGRAM NO.** 14-71RHP

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The objective of this program will be to maintain a clearing house on Rural Health information; to coordinate all activities statewide which impact on Rural Health; to identify federal and state programs regarding Rural Health and provide technical assistance to public and nonprofit entities; and to promote the recruitment and retention of health professionals to work in rural areas.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$170,000 is available in State Fiscal Year 2014. The awards will begin on or about July 1, 2013 and will be made for a twelve month budget period. Funds are contingent upon a Federal appropriation for the Office of Rural Health to the Department of Health.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Nonprofit agencies incorporated within New Jersey with the ability to provide representation to constituents in federal and/or state defined rural areas.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated history and understanding of health needs in rural areas of New Jersey. These issues include access to care, addressing health disparities and actual service delivery. See criteria outlined in the Request for Application (RFA) for additional qualifications.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

1. Contact the Office of Rural Health on or about March 1, 2013.
2. Prepare a New Jersey Health Services Grant application in SAGE.

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**FOR INFORMATION CONTACT:**

New Jersey Department of Health  
Office of Rural Health  
Division of Family Health Services  
50 East State Street, P.O. Box 364, Trenton NJ 08625

**TELEPHONE:** (609) 292-8540

**FAX:** (609) 292-3580

**E-MAIL:** [lisa.jones@doh.state.nj.us](mailto:lisa.jones@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application to be received by May 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant notified by June 1, 2013 for a start date of July 1, 2013.

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NOV 10



## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

EMS Helicopter Response Program - Dispatch

**GRANT PROGRAM NO.** 14-92-EMS

**STATUTORY AUTHORITY:**

NJSA 26:2K-35

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grant

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this grant is to provide funds to manage and maintain a central statewide Air Medical Communications Center (AMCC). The AMCC provides centralized dispatch and flight following for all New Jersey licensed air medical programs throughout New Jersey 24 hours per day, 7 days per week.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$500,000 should be available in State Fiscal Year 2014 to fund the entire Air Medical Communications Center. Awards will begin on or about July 1, 2013 and will be made for a 12 month budget period with a project period of up to five years. Funding estimate may vary and is subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Only non-profit corporations or government agencies are eligible. Applicants which are accredited dispatch agencies and not currently affiliated with organizations providing air medical services will be given preference in consideration for the grant.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be a certified New Jersey Public Safety Dispatch Point and a regional New Jersey State dispatch center with technology capable of communicating on frequency bands used in air medical EMS and meet the criteria set forth in the Request for Applications (RFA).

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Karen Halupke, Director  
New Jersey Department of Health  
Office of Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** Karen.Halupke@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Grant application must be received by the Office of Emergency Medical Services no later than April 19, 2013 for those grants that start on July 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

A notice of recommendation to award a grant will be issued on or before June 1, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

EMS Helicopter Response Program - JEMSTAR

**STATUTORY AUTHORITY:**

NJSA 26:2K-35

**GRANT PROGRAM NO.** 14-74-EMS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

The purpose of this grant is to provide funds to manage, maintain and operate the air medical component of the State Helicopter Response Program (JEMSTAR). The JEMSTAR program provides rapid transportation and care for seriously injured or ill patients throughout New Jersey 24 hours per day, 7 days per week.

---

**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$3,700,000 should be available in State Fiscal Year 2014 to fund the entire Helicopter Response Program (JEMSTAR). One award will be issued to an organization to manage both the NorthSTAR and SouthSTAR programs or two separate awards will be given to qualified organizations, one to manage the NorthSTAR program and one to manage the SouthSTAR program. Awards will begin on July 1, 2013 and will be made available for a project period of up to five years. Funding estimate may vary and is subject to the Annual Appropriation Act. Continuation awards within an approved project period will be made based on satisfactory progress and availability of funds. Applicants currently receiving Grants for this activity and have performed satisfactory will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Not-for-profit organizations that are a New Jersey State designated mobile intensive care program affiliated with or in cooperation with a New Jersey designated trauma center. Only non-profit corporations or government agencies are eligible.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must be a New Jersey designated mobile intensive care program with or in cooperation with a New Jersey State designated Level I or Level II trauma center.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Karen Halupke, Director  
New Jersey Department of Health  
Office of Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625

**TELEPHONE:** (609) 633-7777

**FAX:** (609) 633-7954

**E-MAIL:** Karen.Halupke@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Grant application must be received by the Office of Emergency Medical Services no later than April 19, 2013 for those grants that start on July 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

A notice of recommendation to award a grant will be issued on or before June 1, 2013.

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## NOTICE OF GRANT AVAILABILITY

### NAME OF GRANT PROGRAM:

Office of Emergency Medical Services - NJEMSTF

#### STATUTORY AUTHORITY:

Section 319C-2, as amended by P.L. 109-417

Funded by DoD & Appropriation Act (P.L. 112-10)

**GRANT PROGRAM NO.** 14-115-EMS

#### TYPE OF AWARDS TO BE ISSUED:

Cost Reimbursement

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To enhance emergency preparedness planning and response activities for emergency medical services agencies throughout New Jersey.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Grants within this program may be competitive or non-competitive and amounts will vary based on the award amount to the State from the Federal government.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Approved Medical Coordination Centers that have been sanctioned as a New Jersey Emergency Medical Services Task Force (NJEMSTF) Host Agency for regions in the north, central and south parts of New Jersey.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Established Medical Coordination Centers (MCCs) that have been sanctioned as NJEMSTF Host Agencies.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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### FOR INFORMATION CONTACT:

Dr. Terry Clancy  
New Jersey Department of Health  
Office of Emergency Medical Services  
PO Box 360  
Trenton, NJ 08625

**TELEPHONE:** 609-633-7777

**FAX:** 609-633-7954

**E-MAIL:** Terry.Clancy@doh.state.nj.us

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

This information will be included in the Request for Application (RFA).

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### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

On or about July 1, 2013

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**NOV 10**

## NOTICE OF GRANT AVAILABILITY

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### NAME OF GRANT PROGRAM:

New Jersey Poison Information and Education System

### STATUTORY AUTHORITY:

Poison Control/Drug Information Act  
P.L. 1982, c. 177

**GRANT PROGRAM NO.** 14-40-EMS

### TYPE OF AWARDS TO BE ISSUED:

Cost-reimbursement Grant

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### PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:

To operate and maintain a statewide poison information and education system according to P.L. 1982, c.177 (NJSA 26:2-119) including: a. provide service 24 hours a day, 7 days a week with qualified poison information specialists, including toll-free telephone access; b. serve as an answering point for other NJ Department of Health toll-free telephone numbers, as requested; and, c. provide associated educational and informational programs for the public and health professionals.

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### AMOUNT OF MONEY IN THE GRANT PROGRAM:

Approximately \$587,000 may be available in State Fiscal Year 2014 to fund one award. Award will begin on or about July 1, 2013 and will be made for a 12-month budget period with a 12-month project period. Funding estimate may vary and is subject to the Annual Appropriation Act. Continued funding within the approved project period will be based on satisfactory progress and availability of funds for this purpose. Any applicant currently receiving Grants for this activity who has performed satisfactorily will be given priority for continued funding.

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### ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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### GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:

Any acute care hospital or American Association of Poison Control Centers (AAPCC) accredited poison center capable of operating a 24-hour, 7 days-a-week statewide poison information and education service in New Jersey may apply. Preference will be given to any continuation application or applicants currently meeting all criteria for "Certification of Poison Centers and Poison Center Systems" as specified by the AAPCC.

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### QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:

Applicants must have a toxicologist as this poison center medical director, as well as qualified poison information specialists to answer the telephone lines around the clock, and to handle approximately 70,000 calls annually. Applicants must meet all criteria for "Certification of Poison Centers and Poison Center Systems" as specified by the AAPCC.

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### APPLICATION PROCEDURES:

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

It is requested that this letter, inquiry or concept paper be submitted prior to April 03, 2013. Additional information about deadlines will be included in the RFA which will be sent to each applicant upon receipt of this letter. The grant year will be from July 1, 2013 to June 30, 2014.

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### FOR INFORMATION CONTACT:

Kathleen Lutz  
New Jersey Department of Health  
Office of Emergency Medical Services  
PO Box 360  
Trenton NJ 08625-0360

**TELEPHONE:** (609) 633-7777  
**FAX:** (609) 633-7954  
**E-MAIL:** [kathleen.lutz@doh.state.nj.us](mailto:kathleen.lutz@doh.state.nj.us)

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### DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:

Applications must be submitted no later than 11:59 PM E.D.T. April 30, 2013 for a grant award beginning July 1, 2013.

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### DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:

Applicants will be notified on or about May 31, 2013 as to whether the application has been accepted and will be processed.

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**NOV 10**

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Public Health Emergency Preparedness Funding

**STATUTORY AUTHORITY:**

PL2001 Ch246 C.APP.A:9-64-77

PHS 301 (A), 317(K)(1)(2) 319 42USC241(A)

**GRANT PROGRAM NO.** 14-29A-BT

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To upgrade local health departments' capacity, preparedness for and response to bioterrorism, other outbreaks of infectious disease, and public health threats and emergencies using an all-hazards approach.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Up to one million dollars may become available in State Fiscal Year 2014 to fund local health departments throughout New Jersey. Individual awards will vary and could begin anytime after July 1, 2013. This funding estimate is subject to federal and state appropriations.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Eligibility is limited to licensed health departments in New Jersey, The New Jersey Health Officers Association (NJACCHO) that represents New Jersey's local health departments, and as applicable additional health preparedness coalition partners.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a local health department under the direction of a full-time licensed health officer employed by the health agency and/or the NJACCHO whose membership is comprised of licensed health officers. Must have a record of satisfactory performance in prior grant activities as determined the New Jersey Department of Health (NJDOH).

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Carl Michaels, Coordinator: Preparedness Programs  
New Jersey Department of Health  
Public Health Infrastructure, Laboratories and Emergency  
Preparedness  
P.O. Box 360  
Trenton, NJ 08625-0369

**TELEPHONE:** 609.292.0290

**FAX:** 609.943.5116

**E-MAIL:** [carl.michaels@doh.state.nj.us](mailto:carl.michaels@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

This information will be included in the formal request for application and letter of intent to be issued in April of 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

This information will be included in the formal request for application and letter of intent on or about July 1, 2013.

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NOV 10

## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svs.  
Case Management

**GRANT PROGRAM NO.** 14-57-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:1A-37; Title 26:2H-1 Hlth. Care Facil.  
Planning Act N.J.S.A. 26:2-60 N.J.S.A. 9:13 et seq.

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to twenty-one (21) existing Special Child Health Services Case Management Units. To assure that children with special health needs will have their care coordinated, and that parents receive assistance in addressing the needs of their children.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State and Federal appropriations. It is expected that 21 county grants will be supported in State Fiscal Year 2014. Approximately \$3 million is awarded annually.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Funding is limited to one case management unit in each county selected jointly by the County Board of Chosen Freeholders and Special Child Health Services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Must be a private non-profit or government agency with proven experience serving the special health needs of physically handicapped or chronically ill children. Must be able to provide services on a county-wide basis. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

Bonnie Teman  
New Jersey Department of Health  
Special Child Health and Early Intervention Svs.  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** [bonnie.teman@doh.state.nj.us](mailto:bonnie.teman@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 1 for funding by July 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 15, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Services  
Child Evaluation Centers

**GRANT PROGRAM NO. 14-58-SCH**

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

Child Evaluation Centers are funded to provide a variety of evaluative services to assess the needs of children with congenital or acquired neurodevelopmental disorders including communication, learning and behavioral disorders.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent on State and Federal appropriations as well as some Casino funds. Approximately \$2.3 million is expected to be available in State Fiscal Year 2014 to support 11 centers.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
- 

**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address below.

---

**FOR INFORMATION CONTACT:**

Jo-Ann Ayres  
New Jersey Department of Health  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** JoAnn.Ayres@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 19, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 21, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

New Jersey Early Intervention System (NJEIS)  
Special Child Health & Early Intervention Services

**GRANT PROGRAM NO.** 14-61-SCH

**STATUTORY AUTHORITY:**

P.L. 108-446 (Part C, IDEA)  
P.L. 1993, Chapter 309

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants or Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide support for a statewide network of early intervention services for developmentally delayed/disabled children, birth to three, and their families.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$140,000,000 should be available in SFY 2014 to fund four Regional Early Intervention Collaboratives (REICs), 14 Service Coordination Units (SCUs), and approximately 70 Early Intervention Program Provider agencies (EIPs), with funding ranging from \$100,000 to \$3,000,000. Grant awards will begin on or about July 1, 2013 and will be made for a 12 month budget period. Funding estimates may vary and are subject to the Annual Appropriation Act. Continuation awards are based on satisfactory progress and availability of funds.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

For-profit (LOA only) or not-for-profit corporation, government agency, hospital, school, college, or university.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Demonstrated ability and capacity to meet the programmatic requirements; certified financial audit for the most recent completed fiscal year, by an independent auditor; demonstrated successful experience providing services to infants/toddlers, birth to age three, with developmental delay and their families.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Through open-ended LOAs, EIPs are paid fee-for-service. Announcements for potential new provider agencies will be posted at <http://nj.gov/health/fhs/eis/index.shtml>. Formal Request for Application (RFA) will be published by the NJEIS based on an identified need for agencies or special projects. Submit grant applications according to a RFA.

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**FOR INFORMATION CONTACT:**

Terry Harrison, Part C Coordinator  
New Jersey Early Intervention System  
P.O. Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** 609-777-7734

**FAX:** 609-777-7739

**E-MAIL:** [terry.harrison@doh.state.nj.us](mailto:terry.harrison@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

The schedule can vary by type of grant. Schedules will be included in the RFAs. Typically, RFAs are released prior to March and application deadline is 30 days after release of RFA.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

In general, Notification of Awards is prior to July 1 unless otherwise specified in an RFA.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health & Early Intervention Services  
Hemophilia Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2:90

**GRANT PROGRAM NO.** 14-62-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to currently funded regional hemophilia treatment services for patients residing in New Jersey and to provide partial support for the purchase of insurance policies for individuals with hemophilia on home care/infusion treatment.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon state appropriations. It is expected that approximately \$1.2 million will be available in State Fiscal Year 2014 to fund four health services grants and one insurance grant. The grant period is from July 1, 2013 to June 30, 2014.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

A portion of these funds are granted to the Hemophilia Association of NJ as a sole source grant for the purchase of insurance policies. New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with hemophilia in New Jersey may apply for the direct services funds. Priority will be given to continuation applications from regional treatment programs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet "Approval Criteria Guidelines for Hemophilia Services" which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Barbara L. Hall, MSN  
New Jersey Department of Health  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** [barbara.hall@doh.state.nj.us](mailto:barbara.hall@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 22, 2013 for funding to begin July 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 22, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health & Early Intervention Services  
N.J. Statewide Family Centered HIV Care Network

**GRANT PROGRAM NO.** 14-65-SCH

**STATUTORY AUTHORITY:**

Public Health Service Act, Sec. 2671 142USC300  
P.L. 101-381 Ryan White Part D

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide comprehensive, culturally sensitive, coordinated medical care for infants, children, youth, women and families with HIV infection. Referrals are made to appropriate ancillary medical and community-based social service support care organizations. This assures access to medical and social services for families without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Funds available for this program are contingent upon State or Federal Appropriations. It is expected that 7 grants will be supported. Approximately \$2,000,000 is awarded annually. The grant period is from August 1, 2013 to July 31, 2014.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit hospitals, health care agencies with experience in providing the medical care for HIV infected infants, children, women and families in New Jersey. Priority will be given to existing regional/affiliate Network agencies.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicants must meet criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily. If additional/supplemental funds become available, agencies meeting program criteria will be solicited for participation through the RFP process.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

Jane Caruso  
Special Child Health and Early Intervention Services  
PO Box 364, Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7748

**FAX:** (609) 292-9288

**E-MAIL:** [Jane.Caruso@doh.state.nj.us](mailto:Jane.Caruso@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is May 2, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on or about August 1, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health & Early Intervention Services  
Newborn Screening and Genetic Services

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-110; N.J.S.A. 26:2-111

**GRANT PROGRAM NO.** 14-64-SCH

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to the regional agencies providing pediatric specialty care for infants and children identified through newborn biochemical screening to ensure access to confirmatory testing, comprehensive treatment and counseling services and professional, patient and community education/information.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$2.5 million will be available in SFY 2014 to support the SCHEIS statewide network of pediatric specialty centers that serve children with low incidence conditions such as cystic fibrosis, sickle cell disease, metabolic, endocrine and other disorders and that provide genetic services to New Jersey residents of all ages. The grant period is from July 1, 2013 to June 30, 2014.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

New Jersey medical schools and public and private non-profit hospitals with experience in caring for those with inherited disorders identified through the newborn biochemical screening program. Preference will be given to continuation applications from regional programs.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must be capable of meeting minimum criteria guidelines which are available on request from the address listed below. Preference will be given for continuation to existing grantees with satisfactory performance.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Barbara L. Hall, MSN  
Special Child Health and Early Intervention Services  
PO Box 364  
Trenton, New Jersey 08625-0364

**TELEPHONE:** (609) 292-1582

**FAX:** (609) 943-5752

**E-MAIL:** [barbara.hall@doh.state.nj.us](mailto:barbara.hall@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by April 22, 2013 for funding to begin July 1, 2013

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notice of recommendation of award will be made on or about May 22, 2013

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Child Health and Early Intervention Svs.  
Pediatric Tertiary Services

**GRANT PROGRAM NO.** 14-66-SCH

**STATUTORY AUTHORITY:**

N.J.S.A. 26:2-60; N.J.S.A 26:5B-1, Title V of the  
Social Security Act, MCH Block Grant

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To provide partial support to regional agencies providing pediatric subspecialty care for infants and children with chronic illness or severe disabilities, to assure access for children with special needs, especially those without adequate resources.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

It is expected that approximately \$1.8 million will be available in SFY 2014 to support the SCHEIS statewide network of pediatric subspecialty centers and centers to provide comprehensive care for children with cleft lip/palate and craniofacial anomalies. Funds available for this program are contingent on availability of State and Federal appropriations

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
  2. General and specific Grant Compliance requirements issued by the Granting Agency.
  3. Applicable Federal Cost Principles relating to the Applicant
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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public and private non-profit medical facilities which are licensed in New Jersey, and accredited by the Joint Commission on Accreditation of Healthcare Organizations.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Applicant must meet the criteria for funding available from the program. Preference will be given to continuation of existing applicants who have performed satisfactorily.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

Applicant must be capable of meeting certain criteria established by program, which is available upon request from the address listed below.

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**FOR INFORMATION CONTACT:**

Jo-Ann Ayres  
Special Child Health and Early Intervention Svs.  
PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 777-7778

**FAX:** (609) 292-3580

**E-MAIL:** JoAnn.Ayres@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Application deadline is April 19, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Notification of award will be made on/or about May 21, 2013.

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## NOTICE OF GRANT AVAILABILITY

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**NAME OF GRANT PROGRAM:**

Special Supplemental Nutrition Program for Women,  
Infants and Children (WIC)

**STATUTORY AUTHORITY:**

Childhood Nutrition Act of 1966, as amended  
and WIC Federal Regulations 7 CFR Part 246

**GRANT PROGRAM NO.** 14-68-WIC

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To improve the nutrition and health status of eligible pregnant and lactating women and eligible children; encourage the utilization by each WIC participant of available health and social services; promote breastfeeding among all eligible lactating women; and provide fresh fruits and vegetables to eligible WIC women and children.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$25,100,000 should be available in Federal fiscal year 2014 to fund 19 awards. It is expected that the average award will be \$1,319,231, ranging from \$192,070 to \$2,939,708. Awards will begin October 1, 2013 and will be made for a 12-month budget period. Funding estimates may vary and are subject to annual appropriation by the US Department of Agriculture (USDA). Applicants currently receiving grants for these activities, who have performed satisfactorily, will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Public or private non-profit health agencies, county and municipal health departments, hospitals, county welfare organizations, social services organizations that can provide clinical services, and non-profit community action programs that can provide or contract for clinical services.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

1. Meet qualifications published in the WIC Program Consolidated Regulations (January 2011 Edition), FNS 7 CFR, Chapter II, Subchapter A, Section 246.5, "Selection of local agencies",
2. The ability to perform program services as stated above, and
3. Meet state policies and federal program specifications.

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**APPLICATION PROCEDURES:**

An application for a Grant is to be submitted electronically and upon receipt of a letter of intent, inquiry or concept paper sent to the address listed below. Eligible agencies are to submit grant applications through the Department's System for Administering Grants Electronically (SAGE). Eligible agencies must register at the following internet website address: [www.sage.nj.gov](http://www.sage.nj.gov). The Request for Applications (RFA) can be obtained by writing or calling the office listed below.

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**FOR INFORMATION CONTACT:**

Mary Mickles, Director  
WIC Services  
50 E. State St., PO Box 364  
Trenton, NJ 08625-0364

**TELEPHONE:** (609) 292-9560

**FAX:** (609) 292-3580

**E-MAIL:** [Mary.Mickles@doh.state.nj.us](mailto:Mary.Mickles@doh.state.nj.us)

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Applications must be received by June 1, 2013.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Grant awards will be made on or before October 1, 2013.

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